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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90055 050 \*\*\*150.00

## DOCUMENT # **P97000017343**

JOAN EMONT LESHNER, L.C.S.W., P.A.

	e of Business	Mailing Address							
9485 SUNSET I		9485 SUNSET DRIVE							,
SUITE A-250		SUITE A-250							
MIAMI FL 33173 MIAMI FL 33173					DO NOT WRITE IN THIS SPACE  3 Date Incorporated or Qualifed				
	•	•			02/20/1997	Qualifo			
Bringing G	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
	lace of business	26			65-0745729		<b>├</b>	t Applicable	\$100ct
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	-	3			\$8.75		J.
22		27			5. Certifcate of Status I	Desired []	Fee Re	equired	
City & Stat	le .	City & State			6. Election Campaign F	inancing	\$5.00	May Be	
23		28			Trust Fund Contribut	ion	Added 1	to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owe	, -		Notes	
24	25		30		Personal Property Ta 10. Name and Address		Yes	<b>IX</b> No	
	9. Name and Address of Currer	it Registered Agent		81 Name	10. Name and Address	OI New Kegiste	red Agent		
LES	HNER, JOAN E					<del></del>			
	SUNSET DRIVE	27.		82 Street Addr	ress (P.O. Box Number is No	ot Acceptable)	•		
	TE A-250			83		3 - 1 - 7 3 and 42 h			
l	MI FL 33173	•			\$ ; n				
				84 City	, , ,		85 Zip (	-ode	
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the at	bove-named corp	poration submits this stateme	ent for the purpos	e of changing its	registered	
l in office or i	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was at	nnonzea	by the corporation	on's board of directors. I her	eby accept the a	ppointment as re	gistered	ı
						`			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered	Agent signature require	d when reinstating) ;	DATE	<del></del>		<u>@</u>
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGE		AND DIRECTO		1/98)
	Signature, typed or printed name of registered age OFFICERS AN		13.	LE .			<del></del>	DRS IN 12	
12. TITLE NAME	Signature, typed or printed name of registered age:  OFFICERS AN  D  LESHNER, JOAN E	ID DIRECTORS DELETE	13.	ILE ME			AND DIRECTO		034 (11/98)
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN D LESHNER, JOAN E 9485 SUNSET DRIVE- STE A-2	ID DIRECTORS DELETE	1.1 TII 1.2 NA 1.3 ST	ILE ME REET ADDRESS			AND DIRECTO		F034
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE**